



## **Texas Department of Insurance**

### **Division of Workers' Compensation**

Medical Fee Dispute Resolution, MS-48

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## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

#### **Requestor Name and Address**

TEXAS HEALTH LLC  
5445 LA SIERRA DRIVE 204  
DALLAS TX 75231

#### **Respondent Name**

WC SOLUTIONS

#### **Carrier's Austin Representative Box**

Box Number 19

#### **MFDR Tracking Number**

M4-10-3981-01

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "The patient was referred for Chronic Pain Management program. The services were provided and the claims were denied per EOB these are non-covered services because this is not deemed a medical necessity by the payer. CPT code 9799CPA was preauthorized, #005512 therefore it is deemed medically necessary. Also, denied per EOB workers' compensation claim adjudicated as non-compensable. The treatment was provided is part of her compensable injury to her wrist that she sustained on 03/24/08."

**Amount in Dispute:** \$19,156.25

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "These bills were denied based on extent of injury issues, as well as claim adjudication as non-compensable. A Decision and Order was rendered on 11/10/09 stating that compensable injury of 3/24/08 extended to and included a traumatic right wrist sprain/strain only." "The 03/24/08 compensable injury of a traumatic right wrist sprain/strain would have resolved before these dates of service. In addition, the Designated Doctor's report by Ajay Mohabeer, MD dated 12/05/2008 stated her injury must be limited to a mild self-limiting contusion from which she has now fully recovered." "Finally, per the preauthorization, the treatment is medically necessary. However, the respondent has documented that the treatment is not medically necessary for the compensable injury, which has been finally adjudicated by the Division."

**Response Submitted by:** Edwards Claims Administration, 1004 Marble Heights Drive, Marble Falls, TX 78654

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 25, 2010 February 2, 2010 February 3, 2010 February 16, 2010	Chronic Pain Management Program – CPT Code 97799-CP-CA (7.5 hours per day)	\$937.50/day	\$3750.00
January 26, 2010 January 27, 2010 January 28, 2010	Chronic Pain Management Program – CPT Code 97799-CP-CA (7.75 hours per day)	\$968.75/day	\$6781.25

February 4, 2010 February 10, 2010 February 17, 2010 February 19, 2010			
February 1, 2010 February 8, 2010 February 11, 2010 February 15, 2010 February 22, 2010 February 24, 2010	Chronic Pain Management Program – CPT Code 97799-CP-CA (8 hours per day)	\$1,000.00/day	\$6,000.00
February 5, 2010	Chronic Pain Management Program – CPT Code 97799-CP-CA (6.75 hours per day)	\$843.75/day	\$843.75
February 18, 2010	Chronic Pain Management Program – CPT Code 97799-CP-CA (7.25 hours per day)	\$906.25/day	\$906.25
February 25, 2010	Chronic Pain Management Program – CPT Code 97799-CP-CA (7 hours per day)	\$875.00/day	\$875.00
TOTAL		\$19,156.25	\$19,156.25

### ***FINDINGS AND DECISION***

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

#### **Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.204, Medical Fee Guideline for Workers' Compensation Specific Services. *March 1, 2008, 33 TexReg 626*, sets the reimbursement guidelines for the disputed service.
3. 28 Texas Administrative Code §134.600, requires preauthorized for specific treatments and services. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated March 1, 2010

- 50-These are non-covered services because this is not deemed a medical necessity by the payer.
- 50-The medical necessity for continued treatment for a right wrist contusion/sprain/strain occurring on 3/24/08 has not been established.
- 214-Workers' Compensation claim adjudicated as non-compensable. This Payer not liable for claim or service/treatment.
- 214-Carrier has specifically denied traumatic right wrist tenosynovitis; traumatic right carpal tunnel syndrome; a right wrist radial fracture and chronic pain syndrome.

Explanation of benefits dated March 9, 2010

- 50-These are non-covered services because this is not deemed a medical necessity by the payer.
- 50-The medical necessity for continued treatment for a right wrist contusion/sprain/strain occurring on 3/24/08 has not been established nor is supported by the ODG Guidelines.
- 214-Workers' Compensation claim adjudicated as non-compensable. This Payer not liable for claim or service/treatment.
- 214-Carrier has specifically denied traumatic right wrist tenosynovitis; traumatic right carpal tunnel syndrome; a right wrist radial fracture and chronic pain syndrome.

Explanation of benefits dated March 17, 2010

- 50-These are non-covered services because this is not deemed a medical necessity by the payer.
- 50-The medical necessity for continued treatment for a right wrist contusion/sprain/strain occurring on 3/24/08 has not been established nor is supported by the ODG Guidelines.
- 214-Workers' Compensation claim adjudicated as non-compensable. This Payer not liable for claim or service/treatment.
- 214-Carrier has specifically denied traumatic right wrist tenosynovitis; traumatic right carpal tunnel syndrome; a right wrist radial fracture and chronic pain syndrome.

Explanation of benefits dated March 22, 2010

- 50-These are non-covered services because this is not deemed a medical necessity by the payer.
- 50-The medical necessity for continued treatment for a right wrist contusion/sprain/strain occurring on 3/24/08 has not been established nor is supported by the ODG Guidelines.
- 214-Workers' Compensation claim adjudicated as non-compensable. This Payer not liable for claim or service/treatment.
- 214-Carrier has specifically denied traumatic right wrist tenosynovitis; traumatic right carpal tunnel syndrome; a right wrist radial fracture and chronic pain syndrome.
- 193-Original payment decision is being maintained. This claim was processed properly the first time.

Explanation of benefits dated March 24, 2010

- 50-These are non-covered services because this is not deemed a medical necessity by the payer.
- 50-The medical necessity for ongoing medical treatment for a sprained wrist that occurred on 03/24/08 is not proven.
- 214-Workers' Compensation claim adjudicated as non-compensable. This Payer not liable for claim or service/treatment.
- 214-Per TDI D&O, the only compensable injury is a strained wrist.

Explanation of benefits dated March 26, 2010

- 50-These are non-covered services because this is not deemed a medical necessity by the payer.
- 50-The medical necessity for continued treatment for a right wrist contusion/sprain/strain occurring on 3/24/08 has not been established nor is supported by the ODG Guidelines.
- 214-Workers' Compensation claim adjudicated as non-compensable. This Payer not liable for claim or service/treatment.
- 214-Carrier has specifically denied traumatic right wrist tenosynovitis; traumatic right carpal tunnel syndrome; a right wrist radial fracture and chronic pain syndrome.

Explanation of benefits dated April 5, 2010

- 50-These are non-covered services because this is not deemed a medical necessity by the payer.
- 50-The medical necessity for continued treatment for a right wrist contusion/sprain/strain occurring on 3/24/08 has not been established nor is supported by the ODG Guidelines.
- 214-Workers' Compensation claim adjudicated as non-compensable. This Payer not liable for claim or service/treatment.
- 214-Carrier has specifically denied traumatic right wrist tenosynovitis; traumatic right carpal tunnel syndrome; a right wrist radial fracture and chronic pain syndrome.
- 193-Original payment decision is being maintained. This claim was processed properly the first time.

Explanation of benefits dated April 8, 2010

- 50-These are non-covered services because this is not deemed a medical necessity by the payer.
- 50-The medical necessity for continued treatment for a right wrist contusion/sprain/strain occurring on 3/24/08 has not been established nor is supported by the ODG Guidelines.
- 214-Workers' Compensation claim adjudicated as non-compensable. This Payer not liable for claim or service/treatment.
- 214-Carrier has specifically denied traumatic right wrist tenosynovitis; traumatic right carpal tunnel syndrome; a right wrist radial fracture and chronic pain syndrome.

Explanation of benefits dated April 9, 2010

- 50-These are non-covered services because this is not deemed a medical necessity by the payer.
- 50-The medical necessity for ongoing medical treatment for a sprained wrist that occurred on 03/24/08 is not proven..
- 214-Workers' Compensation claim adjudicated as non-compensable. This Payer not liable for claim or service/treatment.
- 214-Per TDI D&O, the only compensable injury is a strained wrist.
- 193-Original payment decision is being maintained. This claim was processed properly the first time.

Explanation of benefits dated April 14, 2010

- 50-These are non-covered services because this is not deemed a medical necessity by the payer.
- 50-The medical necessity for continued treatment for a right wrist contusion/sprain/strain occurring on 3/24/08 has not been established nor is supported by the ODG Guidelines.
- 214-Workers' Compensation claim adjudicated as non-compensable. This Payer not liable for claim or service/treatment.
- 214-Carrier has specifically denied traumatic right wrist tenosynovitis; traumatic right carpal tunnel

- syndrome; a right wrist radial fracture and chronic pain syndrome.
- 193-Original payment decision is being maintained. This claim was processed properly the first time.

Explanation of benefits dated April 13, 2010

- 214-Workers' Compensation claim adjudicated as non-compensable. This Payer not liable for claim or service/treatment.
- 214-Carrier has specifically denied traumatic right wrist tenosynovitis; traumatic right carpal tunnel syndrome; a right wrist radial fracture and chronic pain syndrome.
- 193-Original payment decision is being maintained. This claim was processed properly the first time.

Explanation of benefits dated April 21, 2010

- 50-These are non-covered services because this is not deemed a medical necessity by the payer.
- 50-The medical necessity for continued treatment for a right wrist contusion/sprain/strain occurring on 3/24/08 has not been established nor is supported by the ODG Guidelines.
- 214-Workers' Compensation claim adjudicated as non-compensable. This Payer not liable for claim or service/treatment.
- 214-Carrier has specifically denied traumatic right wrist tenosynovitis; traumatic right carpal tunnel syndrome; a right wrist radial fracture and chronic pain syndrome.
- 193-Original payment decision is being maintained. This claim was processed properly the first time.

### **Issues**

1. Did the respondent support position that treatment was for non-compensable injury?
2. Did the respondent support position that treatment was not medically necessary?
3. Is the requestor entitled to reimbursement?

### **Findings**

1. The respondent denied reimbursement for the disputed services based upon reason code "214-Workers' Compensation claim adjudicated as non-compensable. This Payer not liable for claim or service/treatment." The November 10, 2009 Benefit Contested Case Hearing Decision found that "The compensable injury of March 24, 2008 extends to and includes a traumatic right wrist sprain/strain." A review of the submitted medical bills finds that the requestor billed the disputed services for treatment of diagnoses codes: 842.00-Sprain of unspecified site of wrist; and 923.21-Contusion of wrist. Therefore, the Division concludes that per the November 10, 2009 Benefit Contested Case Hearing Decision, the disputed treatment was for the compensable injury.
2. The respondent denied reimbursement for the disputed services based upon reason code "50-These are non-covered services because this is not deemed a medical necessity by the payer". The respondent states in the position summary that "Finally, per the preauthorization, the treatment is medically necessary." Therefore, the Division concludes that the respondent's denial of "50" is not supported.
3. 28 Texas Administrative Code §134.204(h)(1)(A) states "(A) If the program is CARF accredited, modifier "CA" shall follow the appropriate program modifier as designated for the specific programs listed below. The hourly reimbursement for a CARF accredited program shall be 100 percent of the MAR." A review of the submitted medical bill finds that the requestor used modifier "CA" with CPT code 97799.

28 Texas Administrative Code §134.204(h)(5)(A) and (B) states "The following shall be applied for billing and reimbursement of Chronic Pain Management/Interdisciplinary Pain Rehabilitation Programs

(A) Program shall be billed and reimbursed using CPT Code 97799 with modifier "CP" for each hour. The number of hours shall be indicated in the units column on the bill. CARF accredited Programs shall add "CA" as a second modifier.

(B) Reimbursement shall be \$125 per hour. Units of less than one hour shall be prorated in 15 minute increments. A single 15 minute increment may be billed and reimbursed if greater than or equal to eight minutes and less than 23 minutes."

Per 28 Texas Administrative Code §134.204( h)(1)(A) and (h)(5)(A) and (B), the total allowable for the disputed chronic pain management program is:

Dates of Service	Disputed Services	Total Allowable
January 25, 2010 February 2, 2010 February 3, 2010 February 16, 2010	7.5 hours per day X \$125.00 = \$937.50 X 4 = \$3750.00	\$3750.00
January 26, 2010 January 27, 2010 January 28, 2010 February 4, 2010 February 10, 2010 February 17, 2010 February 19, 2010	7.75 hours per day X \$125.00 = \$968.75 X 7 = \$6781.25	\$6781.25
February 1, 2010 February 8, 2010 February 11, 2010 February 15, 2010 February 22, 2010 February 24, 2010	8 hours per day X \$125.00 = \$1000.00 X 6 = \$6000.00	\$6,000.00
February 5, 2010	6.75 hours per day X \$125.00 = \$843.75	\$843.75
February 18, 2010	7.25 hours per day X \$125.00 = \$906.25	\$906.25
February 25, 2010	7 hours per day X \$125.00 = \$875.00	\$875.00

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$19,156.25

### ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$19,156.25 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

### **Authorized Signature**

Signature	Medical Fee Dispute Resolution Officer	4/2/2012 Date
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Signature	Medical Fee Dispute Resolution Manager	4/2/2012 Date
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### ***YOUR RIGHT TO REQUEST AN APPEAL***

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**